

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10-9-02

* 01-348

George Kohl
501 Third Street, N.W.
Washington, DC 20001

2. Article Number (Copy from service label)

0023 0771 3624

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

OCT 30 2002

C. Signature

x [Signature]

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-00-M-0952

DOCKET NO.

01-348

ORDER DATED

10-9-02

FCC 02-284

MIMEOGRAPH NO.

CERTIFIED

MAIL

RECEIPT

REQUESTED

NAME: George Kohl
501 Third Street, N.W.
Washington, DC 20001

C. R. R. NO.

BY.....

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 2.90

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 6.95

Postmark
Here10-9-02
01-348

04-C203

Name (Please Print Clearly) (to be completed by mailer)

George Kohl

Street, Apt. No., or P.O. Box No.

501 Third Street, N.W.

City, State, ZIP+4

Washington, DC 20001

PS Form 3811, July 1999

See Reverse for Instructions

429E T220 E200 0090 0000